



**Indiana State Board of Nursing**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Phone: (317) 234-2043  
Website: PLA.IN.gov

Governor Michael R. Pence

Executive Director Nicholas W. Rhoad

## Cover Sheet for Advanced Practice Nurse Collaborative Agreement

1. Name of Facility: \_\_\_\_\_

2. Name of Advanced Practice Nurse: \_\_\_\_\_

3. Indiana License Number for RN and Certification for Advanced Practice Nurse (RN/APN/CSR):  
\_\_\_\_\_

4. Type of Request (Check One):

\_\_\_\_\_ New Collaborative Agreement \_\_\_\_\_ Additional Collaborative Agreement

5. For any Collaborative Agreements are the following included:

\_\_\_\_\_ Name, business address, home address, zip codes, telephone numbers and license numbers  
for APN and physician

\_\_\_\_\_ Coverage Clause Included

\_\_\_\_\_ Review Clause Included

6. For changes in Collaborative Agreements please place a check next to the type(s) and include a detailed cover letter on letterhead which indicates exactly which physicians you are adding/deleting/keeping, which locations you are adding/deleting/keeping and the date the changes should take effect:

\_\_\_\_\_ Add Physician to existing Agreement with no other changes

\_\_\_\_\_ Delete Physician from existing Agreement with no other changes

\_\_\_\_\_ Change Physicians on existing Agreement with no other changes

\_\_\_\_\_ Add locations to existing Agreement with no other changes

\_\_\_\_\_ Delete locations to existing Agreement with no other changes

\_\_\_\_\_ Change location to existing Agreement

\_\_\_\_\_ Cancel Current CSR

\_\_\_\_\_ Request to Update CSR

**\*\*Please Note: If you do not have a CSR and you intend to administer and dispense controlled substances, you must fill out the CSR application, pay the fee and complete the requirements including but not limited to the criminal background check.\*\***